

UNITED STATES DISTRICT COURT - DISTRICT OF NEBRASKA
Court Reporter/Transcriber Statement of Services

Name/Firm: _____
Address: _____
City, State, Zip: _____
E-Mail Address: _____

Invoice/Statement#: _____
Soc Sec/Tax ID#: _____
Phone #: _____
Fax#: _____

Court Reporting

Case No: _____	Judge: _____	Date of Service: _____	(from) _____	(to) _____
Case No: _____	Judge: _____	Date of Service: _____	(from) _____	(to) _____
Case No: _____	Judge: _____	Date of Service: _____	(from) _____	(to) _____
Case No: _____	Judge: _____	Date of Service: _____	(from) _____	(to) _____
Case No: _____	Judge: _____	Date of Service: _____	(from) _____	(to) _____

_____	Full Days	@	\$ _____	*
_____	Half Days	@	\$ _____	*
_____	Cancellation Fee	@	\$ _____	*

Total \$ _____

“I certify that I performed court reporting services, as claimed above, and that the fees charged are in accordance with local court guidelines.”

Court Reporter Signature

Date

Travel and/or Other Expenses *(if applicable)*

Total \$ _____

Transcripts

Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____

Total \$ _____

“I certify that the transcript fees charged and page format used comply with the requirements of this court and the Judicial Conference of the United States.”

Transcriber Signature

Date

Mail Invoice To:

Clerk, U.S. District Court
Attn: Deb Wesely
111 S. 18th Plaza, Ste 1152
Omaha, NE 68102-1322

Total Amt. Due \$ _____